

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-T	Exempt Organization Business In (and proxy tax under section 6		ax Return	OMB No 1545-0687						
Department of the Treasury Internal Revenue Service	For calendar year 2011 or other tax year beginning JUL 1, 2011		UN 30, 201	Open to Public Inspection for 501(c)(3) Organizations Only						
Check box if address change	Name of organization (Check box if name changed and see		D	Employer identification number [Employees' trust, see instructions)						
B Exempt under section										
X 501(c)(3)										
408A 530(a	City or town, state, and ZIP code									
529(a)	529(a) Waleska, GA 30183-5602 523000									
C Book value of all asset at end of year	F Group exemption number (See instructions.)		-							
87,660,834.	G Check organization type ► X 501(c) corporation 501(c)	c) trust	401(a) trust	Other trust						
	on's primary unrelated business activity. Investment in	partner	ships							
During the tax year, wa	s the corporation a subsidiary in an affiliated group or a parent-subsidiary con	itrolled group?	▶ [Yes X No						
	and identifying number of the parent corporation.									
			one number 🕨 (7							
) Income	(B) Expenses	(C) Net						
1a Gross receipts or s										
b Less returns and al	owances c Balance lc Schedule A, line 7)									
~	ct line 2 from line 1c									
4a Capital gain net inc	ome (attach Schedule D)	•								
h Not ann (logo) (Eo	m 4797, Part II, line 17) (attach Form 4797)			·						
c Capital loss deduct Income (loss) from										
5 Income (loss) from	partnerships and S corporations (attach statement) 5	928.	Stmt 1							
6 Rent income (Sche	dule C)									
🛂 7 Unrelated debt-fina	nced income (Schedule E)									
8 Interest, annuities,	royalties, and rents from controlled organizations (Sch. F)									
9 Investment income	of a section 501(c)(7), (9), or (17) organization	į								
6 Rent income (Sche Unrelated debt-fina Interest, annuities, Investment income (Schedule G) Exploited exempt a	ctivity income (Schedule I)									
11 Advertising income										
	nstructions; attach schedule.)									
13 Total. Combine lir		928.		928.						
	ons Not Taken Elsewhere (See instructions for limitations or									
(Except fo	r contributions, deductions must be directly connected with the unre	lated business	s income.)							
	officers, directors, and trustees (Schedule K)		—	14						
15 Salaries and wage	1 RECEIVED 1		_	15						
16 Repairs and main	enance ii		_	16						
17 Bad debts18 Interest (attach so	nedule)		<u> </u>	17 18						
10 Taxes and license	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		 	19						
20 Charitable contrib	utions (See instructions for limitation rules GDEN, UT			20						
21 Depreciation (atta	th Form 4562)	21								
	claimed on Schedule A and elsewhere on return	22a		22b						
23 Depletion				23						
24 Contributions to 0	eferred compensation plans			24						
25 Employee benefit				25						
•	penses (Schedule I)			26						
•	costs (Schedule J)			27						
28 Other deductions 29 Total deductio	attach schedule) is. Add lines 14 through 28			28 3,477.						
	i s. Add lines 14 through 26 s taxable income before net operating loss deduction. Subtract line 29 from lin	ne 13		$\frac{29}{30}$ $-2,549$.						
	deduction (limited to the amount on line 30)	10		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
, -	s taxable income before specific deduction. Subtract line 31 from line 30			$\frac{32}{32}$ $-2,549.$						
	(Generally \$1,000, but see instructions for exceptions.)			33 1,000.						
	ness taxable income. Subtract line 33 from line 32. If line 33 is greater tha	n line 32, enter t								
of zero or line 32				$\frac{-2,549}{}$						

Form	990-T	²⁰¹¹⁾ Reini	nardt U	nıvers	lty				58-	<u> </u>	T 2	<u> </u>	г	age Z
Pa	art III	Tax Compi	utation						-					
	35	Organizations Taxat	le as Corporat	tions. See ins	tructions for tax co	mputatio	n.					<u> </u>		
		Controlled group me	-				See instructions	and:		ŀ				
		Enter your share of t	-				ackets (in that o	order):						
		(1) \$	i i ii	(2) \$	•		(3) \$	·						
		Enter organization's	share of: (1) A		tax (not more than									
		(2) Additional 3% ta					\$							
		Income tax on the ar	-				<u> </u>				35c			0.
	_	Trusts Taxable at Tr			for tax computation	Income	tay on the amo	unt on line 34 fro	ım.		-			
	30	Tax rate sched		Schedule D (I			tax on the amo	LIII 011 IIII 0 1 II 1	J		36			
	97	Proxy tax See instri	-	ochedule b (i	01111 10417						37			
		Alternative minimum								-	38			
				Foor 26 why	abayar analisa					-	39			0.
		Total. Add lines 37 a		3C 01 30, Will	ынечен арриев						00			.
		Foreign tax credit (co		oh Form 111	0: tructo attach Ear	m 1116\		40a				-		
		-	-	CH FOIH III	o, ilusis allacii rui	111 1110)		40b		$\overline{}$				
		Other credits (see in		m 2000					-					
		General business cre			1001 or 0007\			40c			ļ			
		Credit for prior year Total credits . Add li			100 1 01 0027)			1 400			40e			
			-	11 400						H	41			0.
		Subtract line 40e fro Other taxes, Check if		40EE	☐ Form 8611 ☐	7 Earm 6	eoz	, oose [] OH	her (attach sche	4.1.	42			<u> </u>
		Total tax. Add lines		JIIII 4255		_	1097 FUIII	1 00000 [] Oti	HEI (attach Sche	dule)	43			0.
				oditod to 201	1] 440]		-	40			<u> </u>
		Payments: A 2010 (edited to 20 i	ı			44a	_					
		2011 estimated tax j	•					44b						
		Tax deposited with F		wthhold of oo	uroo (ooo ipotruptio	no)		44d			1			
		Foreign organization			urce (see msu ucuc	1115)		44e						
		Backup withholding Credit for small emp	-		ume (Attach Form	9041)		44f						
		Other credits and pa	-		Form 2439	0341)		771						
	y		ymems.		Other	-	Total	440						
	4E	Form 4136	d lines 44s thre	[]				1449			45			
		Total payments. Ad Estimated tax penalt		-	f Earm 2220 is attai	ahad -				ŀ	46			
	46	Tax due. If line 45 is									47			0.
		Overpayment. If line									48			0.
		Enter the amount of	•		•		unt overpaid	1	Refunded		49			
P	art V		s Regardi	na Certa	in Activities a	and O	her Inform	ation (see in:			70			
1		ny time during the 20								cial acco	nunt		Yes	No
•		k, securities, or othe	•	•	•		-		=				100	
		ncial Accounts. If YE			_						-			X
2	Durir	g the tax year, did the o S, see instructions for ot	rganization receiv	e a distribution	from, or was it the gran	ntor of, or t	ransferor to, a forei	gn trust?		-				X
3		r the amount of tax-												
		ule A - Cost o						/A						
1		ntory at beginning o		1			ventory at end o				6			
2		hases	, , , , ,	2		1	•	d . Subtract line (6	Ī				
3		of labor		3		1	=	here and in Part			7			
-		itional section 263A	rnete	4a		1		ction 263A (with	· ·	_			Yes	No
		er costs (attach sche		4b		1		d or acquired for		to				
5		I. Add lines 1.through	•	5		1 '	e organization?	- c. acqa						
<u> </u>	1016				ined this return, includ than taxpayer) is base			and statements, an	d to the best of	my know	edge a	nd belief, it is	true,	
Sig	gn	confect, and confine	the Deplaration of	preperer (other	than taxpayer) is base	d on all info	VP,	reparer has any kn	owledge			S discuss this		uth 1
He	ere				_ 14//	SIR		ce/Admi	nistra			s alscuss this er shown belo		/itn
		Signature of	officer		Daté		Title					s)? X Ye] No
		Print/Type pr	eparer's name		Preparer's sigi	nature		Date	Check	ıf	PTI	N		
_	_:		H. Met	calf	Arthur		etcalf		self- emp	loyed				
	aid	тт		-	11		- - -	04/05/1		- '	P	00279	386	
	repa	Tuesda same	▶ Metca	lf Day					Firm's E	IN ►		8-172		1
U	se C	illy			chtree Ro		NE, Sui	te 2600						
		Firm's addre			GA 30326	-			Phone r	10.	<u>(40</u>	4) 26	<u>4-1</u>	<u>700</u>
1237	711 02											Form 9		

Form 990-T	Income (Loss) from Partnerships	Statement	1
Description		Amount	
Endowment Energy F	Equity Partners III, LP Partners IV, LP L Partners 2000 LP	1,07	3.
Total to Form 990-	-T, Page 1, line 5	92	28.

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• Huou	oro filing for an Automatic 2 Month Entereing annual	An ambu Da	and shoot this have					
	are filing for an Automatic 3-Month Extension, comple			this farm	`			
	are filing for an Additional (Not Automatic) 3-Month Ex							
	omplete Part II unless you have already been granted		•	•				
	ic filing (e-file). You can electronically file Form 8868 if y				•	•		
	to file Form 990-T), or an additional (not automatic) 3-mo							
	of file any of the forms listed in Part I or Part II with the ex							
	Benefit Contracts, which must be sent to the IRS in par		(see instructions) For more details	on the ele	ectronic filing of th	is form,		
	rirs gov/efile and click on e-file for Charities & Nonprofits			I B				
Part I	Automatic 3-Month Extension of Time							
_	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete	•			
Part I onl	•					ightharpoonup X		
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exte	nsion of time			
to file inc	ome tax returns.							
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	mployer identification number			
print								
-	Reinhardt University			X	X 58-0603153 Social security number (SSN)			
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social s				
filing your	C/O Metcalf Davis, 3340 Pe	eacht	ree Road, #2600					
return See instructions	City, town or post office, state, and ZIP code For a fo							
	Atlanta, GA 303261089							
	,				· · · · · · · · · · · · · · · · · · ·			
Enter the	Return code for the return that this application is for (file	a senara	te application for each return			07		
	The second control of the second state and application to the second	o d copula	to application for each return,		•			
Applicati	O.D.	Return	Application			Between		
	Oli		1 1.			Return		
ls For		Code	Is For			07		
Form 990		01	Form 990-T (corporation)					
Form 990		02	Form 1041-A					
Form 990		01	Form 4720	09				
Form 990	PF	04	Form 5227	10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990	-T (trust other than above)	06	Form 8870			12		
	Robert G. McKi	non,	<pre>VP, Finance/Adm</pre>					
 The be 	ooks are in the care of > 7300 Reinhardt	Circ.	<u>le – Waleska, GA 3</u>	0183-	-5602			
Teleph	ione No ▶ (770) 720-5600		FAX No. ▶					
If the c	organization does not have an office or place of business	s in the Ur	inted States, check this box					
• If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	or the whole group	check this		
oox ► [If it is for part of the group, check this box	1	ch a list with the names and EINs of		• .	•		
	quest an automatic 3-month (6 months for a corporation							
•			tion return for the organization name		The extension			
	or the organization's return for	. organiza	non rotali for the organization hame	٥٥ نې۵۵۰۰	THE EXTENSION			
▶ [
	calendar year or X tax year beginning JUL 1, 2011		d ending <u>JUN</u> 30, 2012					
	A) tax year beginning OOL 1, 2011	, an	d ending <u>JUN 30, 2012</u>		_			
2 If th	ie tax year entered in line 1 is for less than 12 months, c	neck reas	on Initial return i	Fınal retu	m			
<u> </u>	☐ Change in accounting period							
					Ţ·			
3a If th	iis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.				3a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refi			refundable credits and					
estimated tax payments made. Include any prior year overpay				ЗЬ	\$	0.		
	ance due. Subtract line 3b from line 3a Include your pa			1				
	using EFTPS (Electronic Federal Tax Payment System).			Зс	s	0.		
_	If you are going to make an electronic fund withdrawal v				· · · · · · · · · · · · · · · · · · · 			
				<u> </u>				
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instri	JCU0115.		Lotur 8868 i	(Rev 1.2012)		